OULIED GIATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

ICE OF SALE OF SECURITIES

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MB Nun	nber:	3	235	-0076
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Expires: November 30, 2001

Estimated average burden hours per response . . . . . 16.00

SEC USE ONLY



lame of Offering ( check if this is an amendment and name has changed, and indicate change.) eries B Preferred Stock						
208/2	SECTION	I 4(6), AND/OF	R	Prefix		Serial
)4039159	ORM LIMITE	D OFFERING	EXEMPTION		DATE RECEIVED	
UNIFORM LIMITED OFFERING EXEMPTION  DATE RECEIVED  c of Offering ( check if this is an amendment and name has changed, and indicate change.)  s B Preferred Stock						
iling Under (Check box(es) that apply):	□ Rule 504	□ Rule 505	■ Rule 506	☐ Section 4(6)	□ ULOE	

Series B Preferred Stock					
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	■ Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing: New Filing	Amendment			· · · · · · · · · · · · · · · · · · ·	
		<u>CIDENTIFICATIO</u>	ON DATA		
1. Enter the information requested about the	ie issuer				
Name of Issuer ( check if this is an ar SLS International. Inc.	nendment and name ha	as changed, and indi	cate change.)		
Address of Executive Offices (Number and 3119 South Scenic, Springfield, Missouri 6		p Code)	Telephone Num (417) 883-4549	ber (Including Area Co	ode)
Address of Principal Business Operations ( (if different from Executive Offices) N.A.	Number and Street, Cit	ty, State, Zip Code)	Telephone Num N.A.	ber (Including Area Co	ode)
Brief Description of Business				M PI	ROCESSED.
Making and selling loudspeakers					1111 2 9 2004
	imited partnership, alre imited partnership, to b		□ 0	ther (please specify):	IHOMSON FINANCIAL
	Mon	th Year			
Actual or Estimated Date of Incorporation	or Organization: $07$	7 2000	■ Actual □ E	stimated	
Jurisdiction of Incorporation or Organization	on: (Enter two-letter U	S. Postal Service al	breviation for Sta	ite: DE	

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2/99) 1 of 8



	ing partner of par	tnership issuers.			
heck Box(es) that Apply:	■ Promoter	■ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or Managing Partner
ott, John M. Ill Name (Last name first, if	individual)				
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19 South Scenic, Springfiel usiness or Residence Addres			de)		
John St. Residence Tradition	o (rumoer and c	moon, only, blace, hip oo	<b>u</b> 0,		
neck Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	□ Executive Officer	■ Director	☐ General and/or Managing Partner
laples, Michael L. all Name (Last name first, if	individual)				
19 South Scenic, Springfiel	d Missouri 6580	7			
usiness or Residence Addres			de)		
heck Box(es) that Apply:	□ Promoter	□ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
ike, Robert H.	fm.df.,f.d1\		<del></del>	<del> </del>	
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19 South Scenic, Springfiel usiness or Residence Address	d. Missouri 6580	7 Street City State 7 in Co	do)		
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neck Box(es) that Apply:	□ Promoter	□ Beneficial Owner	□ Executive Officer	□ Director	☐ General and/or Managing Partner
		□ Beneficial Owner	□ Executive Officer	□ Director	
		□ Beneficial Owner	□ Executive Officer	□ Director	
heck Box(es) that Apply:  ull Name (Last name first, if  usiness or Residence Addres	individual)			□ Director	
ull Name (Last name first, if	individual) ss (Number and S	Street, City, State, Zip Co	de)		Managing Partner
all Name (Last name first, if	individual)			□ Director	Managing Partner
Il Name (Last name first, if siness or Residence Addresseck Box(es) that Apply:	individual)  s (Number and S	Street, City, State, Zip Co	de)		Managing Partner
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Il Name (Last name first, if isiness or Residence Addresseck Box(es) that Apply:	individual)  s (Number and S  Promoter  individual)	Street, City, State, Zip Co	de) □ Executive Officer		Managing Partner
ull Name (Last name first, if	individual)  s (Number and S  Promoter  individual)	Street, City, State, Zip Co	de) □ Executive Officer		Managing Partner
ull Name (Last name first, if usiness or Residence Addres heck Box(es) that Apply:	individual)  s (Number and S  Promoter  individual)	Street, City, State, Zip Co	de) □ Executive Officer		Managing Partner  □ General and/or Managing Partner
ull Name (Last name first, if usiness or Residence Addres heck Box(es) that Apply:  ull Name (Last name first, if usiness or Residence Addres	individual)  is (Number and S  Promoter  individual)  is (Number and S	Street, City, State, Zip Co  Beneficial Owner  Street, City, State, Zip Co	de)  □ Executive Officer  de)	□ Director	Managing Partner  General and/or Managing Partner
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usiness or Residence Address heck Box(es) that Apply:  ull Name (Last name first, if usiness or Residence Address heck Box(es) that Apply:  ull Name (Last name first, if	individual)  s (Number and S  Promoter  individual)  s (Number and S  Promoter	Street, City, State, Zip Co  Beneficial Owner  Street, City, State, Zip Co  Beneficial Owner	de)  □ Executive Officer  de)  □ Executive Officer	□ Director	Managing Partner  □ General and/or Managing Partner

2. Enter the information requested for the following:

• Each promoter of the issuer, if the issuer has been organized within the past five years;

			<u> </u>	<u> </u>	B. IN	ORMAT	ION ABO	OUT OFF	ERING				<u> </u>
1.	•												Yes No □ ■
2.	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?												\$ N.A.
	2. What is the minimum investment that win be accepted from any mulvidual:												Yes No
3.	B. Does the offering permit joint ownership of a single unit?												
4.	Enter the info sion or simila to be listed is the name of t you may set	ar remuner an associance he broker forth the i	ation for so ated person or dealer. nformatio	olicitation n or agent If more that	of purchas of a broke an five (5)	ers in com r or dealer persons to	nection wit r registered be listed a	th sales of d with the	securities SEC and/	in the offe or with a s	ering. If a state or sta	person tes, list	
ull Na	me (Last nan	ne first, if	individual	)									
I.A.													
usine	s or Residen	ce Address	s (Number	r and Stree	t, City, St	ate, Zip C	ode)						
N.A.													
Jame o	of Associated	Broker or	Dealer										
N.A.													
tates i	n Which Pers	on Listed	Has Solic	ited or Int	ends to Sc	licit Purch	nasers				<del></del>		
	eck "All State											,	□ All State
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	(IL)	[ IN ]	[IA]	[KS]	[KY]	[ LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[ NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[ OK]	[OR]	[PA]
	[RI]	[SC]	[ SD]	[ TN]	[TX]	[UT]	[ VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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3usine	ss or Residen	ce Addres	s (Numbe	r and Stree	et, City, St	ate, Zip C	ode)	<del> </del>					. <u></u>
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Jame (	of Associated	Broker or	Dealer						<del></del>				
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tates i	n Which Pers	son Listed	Has Solic	ited or Int	ends to So	olicit Purc	hasers					<del></del>	
(Ch	eck "All State	es" or chec	k individ	ual States									□ All State
	[ AL]	[ AK]	[AZ]	[ AR]	[CA]	[CO]	[CT]	[ DE]	[DC]	[FL]	[ GA]	[ HI]	[ ID ]
	[ IL ]	[ IN ]	[IA]	[ KS]	[KY]	[ LA]	[ME]	[MD]	[MA]	[ MI]	[MN]	[MS]	[MO]
	[MT]	[ NE]	[NV]	[ NH]	[ NJ]	[NM]	[NY]	[ NC]	[ND]	[OH]	[OK]	[OR]	[ PA]
	[ RI ]	[ SC]	[ SD]	[TN]	[ TX]	[ UT]	[ VT]	[ VA]	[WA]	[WV]	[WI]	[WY]	[ PR ]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity: Common Preferred	\$ <u>20,000,000</u>	\$5,342,000
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$ 20,000,000	\$ <u>5,342,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	34	\$ <u>5,342,000</u>
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)	N.A	\$ <u>N.A.</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the Issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N.A.	\$0
	Regulation A	N.A	\$0
	Rule 504	N.A	\$0
	Total	N.A.	\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	a	\$0
	Printing and Engraving Costs		\$
	Legal Fees		\$_30,000
	Accounting Fees		\$_10,000
	Engineering Fees	🗖	\$0
	Sales Commissions (placement agent fee)		\$0
	Other Expenses (identify - Miscellaneous, including filing fees)		\$ 8,000
	Total	_	\$ 50,000

for	any purpose is not known, furnish a	ted gross proceeds to the issuer used or proposed to be used for e an estimate and check the box to the left of the estimate. The to set forth in response to Part C - Question 4.b above.		
,		•	Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees		<b>- \$</b>	<b>5</b> 0
	Purchase of real estate		<b>-</b> \$0	<b>5</b> 0
	Purchase, rental or leasing and in	nstallation of machinery and equipment	<b>\$</b> 0	<b>- \$</b>
	Construction or leasing of plant	buildings and facilities	□ \$ <u>0</u>	□ \$ <u>0</u>
	this offering that may be used in	including the value of securities involved in exchange for the assets or securities of another	<b>-</b> \$0	<b>-</b> \$ <u>0</u>
	Repayment of indebtedness		□ \$ <u>0</u>	<b>-</b> \$ 0
	Working capital	·	<b></b>	<b>\$ 10,000,000</b>
	Other (specify): INVENTORY	· · · · · · · · · · · · · · · · · · ·	<b>-</b> \$0	<b>\$</b> 6,000,000
	SALES, MARKETING AND A	DVERTISING	<b>-</b> \$ <u>0</u>	<b>\$</b> 3,950,000
	Column Total		<b>-</b> \$0	<b>\$</b> 19,950,000
	Total Payments Listed (column t	otals added)	<b>■</b> \$ 19.9	950.000
		D. FEDERAL SIGNATURE		
signat	ure constitutes an undertaking by the	e signed by the undersigned duly authorized person. If this notice issuer to furnish to the U.S. Securities and Exchange Commissy non-accredited investor pursuant to paragraph (b)(2) of Rule	sion, upon written re	le 505, the following equest of its staff, the
Issue	r (Print or Type)	Signature ///	Date	
	nternational, Inc.	Ihn Soll	Jul <u>y <b>23</b>,</u> 200	4
Name	e of Signer (Print or Type)	Title of Agner (Print or Type)		
	M. Gott	President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (see 18 U.S.C. 1001.)

	See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	suer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned uthorized person.								
Issuer	(Print or Type) Signature // / Date								

Yes

No

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Issuer (Print or Type)	Signature / Date	
SLS International, Inc.	July 232004	
Name (Print or Type)	Title (Birnt or Type)	
John M. Gott	President	

## Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	to non-a	to sell ccredited s in State	Type of Security and aggregate offering price offered in state	gate Type of Investor and state amount purchased in State					Disqualification under State ULOE (if yes, attach) explanation of waiver granted)		
State	(Part B-	-Item 1)	(Part C-Item 1)	Number of	(Part C-It	Number of		(Part E	Item 1)		
	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR		х	Series B Preferred	1	\$120,000	-0-	-0-		х		
CA		X	Series B Preferred	1	\$100,000	-0-	-0-		х		
со		х	Series B Preferred	1	\$20,000	-0-	-0-		х		
СТ		Х	Series B Preferred	1	\$40,000	-0-	-0-		х		
DE											
DC											
FL		Х	Series B Preferred	ı	\$44,000	-0-	-0-		х		
GA											
ні											
ID											
IL											
IN											
IA											
KS		Х	Series B Preferred	10	\$1,810,000	-0-	-0-		Х		
КҮ											
LA											
ME											
MĐ											
MA											
MI											
MN					-						
MS											
МО		х	Series B Preferred	15	\$928,000	-0-	-0-		Х		

1	2 3				5 Disquelification						
	Intend to non-ac investors (Part B-	to sell ccredited in State	Type of Security and aggregate offering price offered in state (Part C-Item 1)	Type of Investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach) explanation of waiver granted) (Part E-Item 1)		
State				Number of Accredited		Number of Non-Accredited		1			
MT	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
NE							<del></del>				
NV											
NH							<del>"</del>				
NJ								<u> </u>			
NM							<del> </del>				
NY		х	Series B Preferred	2	\$1,200,000	-0-	-0-		х		
NC											
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OR											
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PR						<u> </u>		<u></u>			